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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 08/913,290 03/20/1998 PAT 6,241,985  
 and is a CIP of 08/877,511 06/17/1997 PAT 6,086,873

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 09/29/1998**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 19	<b>TOTAL CLAIMS</b> 70	<b>INDEPENDENT CLAIMS</b> 15
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**TITLE**  
 THERAPEUTIC COMPOSITIONS THAT PRODUCE AN IMMUNE RESPONSE

<b>FILING FEE RECEIVED</b> 1502	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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